FORM D



UNITED STATES &

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

AN 1 6 2007

OMB Number: 3235-0076
Expires: April 30, 1991
Estimated average burden hours per response . . . 16.00

SEC USE ONLY								
Prefix	Serial							
DATE	RECEIVED							

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR JNIFORM LIMITED OFFERING EXEMPTION

	s an amendment and name has changed, and indidee, $\ln c$.	cate change.)
Filing Under (Check box(es) that apply		☐ Section 4(6) ☐ ULOE
Type of Filing: 🔘 New Filing 🛮 🔼	Amendment Final - Offering Clo	Se'd "
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested abo	out the issuer	
Name of Issuer (check if this is a Present Vict	n amendment and name has changed, and indicat	e change.)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2441 Tech Center (801-531-6347
Address of Principal Business Operation (if different from Executive Offices)	ons (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
Brief Description of Business The Company 13 1n t 8 mm film, beta and Disk LDVD) players	the business of converting ol VHS to digital format to	d video formats such as be played ippointal video
	limited partnership, already formed	other (please specify): JAN 2 4 2007 E
O Oddinos trust		
Actual or Estimated Date of Incorpora	tion of Organizations	THOMSON Actual
Jurisdiction of Incorporation or Organ	ization: (Enter two-letter U.S. Postal Service abbi CN for Canada; FN for other foreign jur	reviation for State: risdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Lw

Full Name (Last name first, if individual) Cording ley, Ted Business or Residence Address (Number and Street, City, State, Zip Code) 244 Tech Carter #11 Lv Nv 89128 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual)	Each promoter of the issuer, if tEach beneficial owner having the	-			,
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of ease securities of the issuer; Each general and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply: St Promoter St Beneficial Owner St Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Tanabe. Dau Business or Residence Address (Number and Street, City, State, Zip Code) 7-141 Tech Center #11 LV NV 89128 Check Box(es) that Apply: St Promoter St Beneficial Owner Executive Officer Director General and/or. Managing Partner Full Name (Last name first, if individual) NICOLATUS. Stephani Business or Residence Address; (Number and Street, City, State, Zip Code) 7-141 Tech Center #11 LV NV 84128 Check Box(es) that Apply: St Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sq Ivester Robert Business or Residence Address (Number and Street, City, State, Zip Code) 2-441 Tech Center #11 LV NV 84128 Check Box(es) that Apply: Sq Promoter St Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Cordinaley Formoter St Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Cordinaley Formoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 2-441 Tech Center Bill LV NV 89128 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Director Director Managing Partner Full Name (Last name first, if individual)	Each beneficial owner having the	the issuer has been orkanized	l within the past five yea	rs;	r
Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☑ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Tanabe, Paul Business or Residence Address (Number and Street, City, State, Zip Code) Z-U-I Tech Center ♯ III LV NV 84128 Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) S-IVESTOR, Rober† Business or Residence Address (Number and Street, City, State, Zip Code) Z-U-I Tech Center ♯ III LV NV 84128 Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) S-IVESTOR, Rober† Business or Residence Address (Number and Street, City, State, Zip Code) Z-U-I Tech Center ♯ III LV NV 84128 Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Conding (e-u) Tech Center ♯ III LV NV 84128 Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 2-U-I ☐ Center ‡ III LV NV 84128 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner	• • •				or more of a class of equity
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				В.	INFORM/	TION AL	OUT OF	ERING			<u> </u>	7.00 24 2m	<u> </u>
1. Has	the issuer	sold, or o	loes the iss	suer intend	i to sell, to	non-accr	edited inve	stors in th	is offering	?	•••••	Yes ✓	No
				,	in Append							;	
2. Wh:	at is the m	inimum in	vestment t	hat will b	e accepted	from any	individual	?			<u>.</u>	. s <u>5</u> ⁄	<u> </u>
									•		. //*	Yes	No
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States in	Which Per	son Listed	Has Solid	ited or In	tends to So	olicit Purc	hasers						
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		ce Address	(Number	and Stree	t, City, Sta	ate, Zip C	ode)					······································	
Name of .	Associated	Broker or	Dealer	_ <u></u>				·	··· ·· ···				
NA													•
States in	Which Per	son Listed	Has Solic	ited or Int	ends to So	licit Purch	nasers			· · · · · · · · · · · · · · · · · · ·			
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Name of A	Associated	Broker or	Dealer										
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States in V	Which Pers	on Listed	Has Solici	ted or Inte	ends to So	licit Purch	asers				<u> </u>		
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1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate	Amount Already
Debt	Offering Price	Sold • O
Equity	<u> </u>	
	3-JO 100	. 3 <u>56 100</u>
Convertible Securities (including warrants)	. ^	5 0
Partnership Interests		,
Other (Specify)	-	<u> </u>
Total		30700
Answer also in Appendix, Column 3, if filing under ULOE.	1 30 100	138 100
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	Number Investors	Dollar Amount
Accredited Investors	Mivestals	of Purchases
Non-accredited Investors	37	\$38700
Total (for filings under Rule 504 only)	- 	38700
Answer also in Appendix, Column 4, if filing under ULOE.		\$ <u>20 (00</u>
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	•	, 0
Regulation A		. 0
Rule 504		5 0
Total		
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	😉	s_800_
Printing and Engraving Costs	Ø	s 200
Legal Fees		2500
Accounting Fees		2000
Engineering Fees		s 0
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify)		500
Total		1600D

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND I	USE O	F PROCEED	S.,
	b. Enter the difference between the aggregate offering price given in response to Part C - Q tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer."	the		s 327 00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must enthe adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 the payments are considered to the interest of the payments of the payments are considered to the interest of the payments of the payments are considered to the interest of the payments of the payments are considered to the payments of the payments	h an qual	<i>4</i> .	/e
		. F	ayments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees [v2∕s_L		
	Purchase of real estate [-	- s <u>O</u>
	Purchase, rental or leasing and installation of machinery and equipment			Ø\$ 6000
	Construction or leasing of plant buildings and facilities	□ \$		- s <u>O</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ s	_0	
	Repayment of indebtedness	□ s	0	os
	Working capital	⊐ s		Es 6,700
	Other (specify): Advertising + Promotional	□ \$		rs.4,000
	legal + accounting	□ \$		53000
	Column Totals	S \$ 10	0,000	B's 22,700
	Total Payments Listed (column totals added)		er s.32	2,700
	D. FEDERAL SIGNATURE			
ollo	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. It owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and set of its staff, the information furnished by the issuer to any non-accredited investor pursuant	Excha	nge Commiss	ion, upon written re-
ssu	ner (Print or Type) Signature		Date	
\geq_c	ast + Present Video, Inc. A- Have	1	0	1/11/07
	ne of Signer (Print or Type) Title of Signer (Print or Type)			, , , , , , , , , , , , , , , , , , , ,
٢	Paul Tanabe President, Secret	<u>arų</u>	Tre	asurer

-ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	,		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes	No
	of such rule?	\Box	₩-

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature \ /)	Date
Past + Present Video, Inc.	P- Wand	01/11/07
Name (Print or Type)	Title (Print or Type)	
Paul Tanabe	President, Secretar	y ITreasurer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3 4						5		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
j			•	Number of Accredited		Number of Non-Accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR					<u> </u>						
CA			····								
СО		,									
CT				<u> </u>							
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APPENDIX 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and offering price explanation of to non-accredited waiver granted) investors in State offered in state amount purchased in State . (Part B-Item 1) (Part C-Item1) (Part C-Item 2) (Part E-Item1) Number of Number of Non-Accredited Accredited Yes No **Investors** No State Investors Amount Amount Yes MT NE NV37 XX XX Common NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WVWI

WY

PR